

- Last-resort financial assistance
- Other Program (please specify): _____

Registration Change of account

File number

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Identification

Last and first name	
Spouse's last and first name	
Home address	
	Postal code

Identification of financial institution

Name		
Address		Account number at financial institution
Postal code		

Authorization and signature

I hereby authorize the Ministère du Travail, de l'Emploi et de la Solidarité sociale to deposit into my account the amounts it pays to me.

_____		_____
Date		Signature

Your spouse's signature is required if you are applying for last-resort financial assistance (social assistance program or social solidarity program)

_____		_____
Date		Spouse's signature

**Please return the form to your centre local d'emploi (CLE) or designated office.
Be sure to enclose a blank cheque* marked "VOID".**

Note – If you do not have a chequing account, your financial institution can provide an equivalent document.

